



APPLICATION FOR YOUTH ADVISORY BOARD

State Form 52693 (R / 9-06) / CW 2115
DEPARTMENT OF CHILD SERVICES

County of wardship	Date (month, day, year)
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Please check the appropriate box: ☐ CHINS ☐ Probation ☐ Voluntary (CHINS or probation case dismissed and receiving voluntary services)

Name of applicant	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of birth (month, day, year)
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Race (please check the appropriate box / boxes)		
<input type="checkbox"/> American Indian / Alaskan Native	<input type="checkbox"/> White	Hispanic ethnicity: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not yet determined
<input type="checkbox"/> Asian	<input type="checkbox"/> Unable to determine [when client refuses or is unable to identify race(s)]	
<input type="checkbox"/> Black or African American		
<input type="checkbox"/> Native Hawaiian or Pacific Islander		

Address (number and street, city, state, and ZIP code)	County of residence
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Home telephone number ()	Cellular telephone number ()	E-mail address
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(1) What is your current living situation?

☐ Foster home ☐ Group home ☐ Living independently ☐ Other, please specify _____

Name of caregiver, if in foster / relative care	Telephone number of caregiver ()	E-mail address of caregiver
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(2) Are you currently enrolled in one of the following?

☐ High School ☐ College ☐ Trade School ☐ GED classes ☐ High School Diploma/GED ☐ Not in school

If in college or trade school, please check appropriate box	Name of college or trade school
<input type="checkbox"/> Full time (4 classes or more) <input type="checkbox"/> Part time (less than 4 classes)	

If not in school, do you have a GED?	If no, what are you doing to obtain a GED?
<input type="checkbox"/> Yes <input type="checkbox"/> No	

(3) Are you currently employed?

☐ Full time ☐ Part time Number of hours weekly _____ ☐ Not employed

If not employed, reason for unemployment

☐ High school student ☐ Never employed ☐ Laid off ☐ Quit without another job ☐ Fired

If not currently employed, but previously employed, please list most recent employment dates (month, day, year)

What is your plan to obtain employment?

(4) Do you participate in volunteer community service activities?	If volunteering, where do you volunteer?
<input type="checkbox"/> Yes Number of hours weekly _____ <input type="checkbox"/> No	

(5) What is your interest in the Youth Advisory Board?

(6) What do you feel are your best qualities to offer to the Board?

(7) One of the expectations of the Youth Advisory Board is to help influence and develop policies regarding youth in foster care. What are the issues that most interest you?

AGREEMENT

If selected, I agree to be active in the Youth Advisory Board understanding both the expectations and time commitment. I understand that this is an application, not a guarantee of my selection for participation. I understand that if I am selected, the State Youth Advisory Board Coordinator will notify me. It is at that time that I will fully accept the expectations and responsibilities of becoming a Youth Advisory Board member. I hereby authorize the Youth Advisory Board facilitator to release the information on this form and all information regarding the goals and progress of the Youth Advisory Board to the Department of Child Services (DCS).

Signature of youth

Date (*month, day, year*)

Printed name of youth

Recommendation from the family case manager, court appointed special advocate / guardian ad litem or service provider for the youth:

Name

Name of agency and/or program

Telephone number

()

E-mail address

Recommendations or comments:

Signature of person referring

Role in the life of the youth

After approval, please fax to:

State Independent Living Coordinator
Fax number: (317) 232-4436

or mail to:

402 West Washington Street, MS08
Indianapolis, IN 46204-2739